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ABSTRACT

The goal of this paper is to explore a number of examples of the censorship of women's healthcare issues and to investigate issues and questions related to those examples. The paper looks primarily at censorship in the United States; however, the problems and issues discussed are international in scope, and some international examples are examined. Although the roles libraries have played and might yet play in preventing such censorship are considered, the goal is to call attention to problems that exist more than to propose solutions to those problems. (Contains 40 references.) (MES)

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Women's Healthcare, Censorship, and the Library: Problems, Issues, Questions

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Introduction

In a recent issue of American Libraries, Nancy Kranich, sitting president of the American Library Association, acknowledged the critical role that librarians play in preventing censorship and ensuring that individuals have unlimited access to all manner of information. "Librarians," Kranich wrote "must act as trailblazers in promoting access to information, and serve as watchdogs in protecting the public's information rights" (Kranich 7). Nowhere is the need for "trailblazers in promoting access to information" more apparent than in the area of women's healthcare information. In the U.S. and abroad, women's access to authoritative, clear, and thorough information about reproductive health and sexuality are increasingly under attack by religious organizations, political groups, and governmental agencies. In her essay, "Censorship and Manipulation of Reproductive Health Information: An Issue of Human Rights and Women's Health," Lynn P. Freedman tells us that "in the last century, contraception and abortion have been one key site of the struggle over reproductive sexuality . . . one key to controlling access to contraception and abortion is to control information about them and their uses"(31). Though censorship of information about women's health is not a new phenomenon, it is increasingly aggressive and destructive to women and girls.

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In 1914, Margaret Sanger, founder of Planned Parenthood, was arrested for publishing The Woman Rebel, a magazine addressing women's need for information about methods of preventing conception (Chesler 99). The Woman Rebel violated the aggressive anti-vice laws, known as the Comstock Laws, which preventing distribution of information about contraceptive methods. Articles which were said to violate the Comstock Laws had title such as: "The Prevention of Conception;" "Open Discussion;" "Abortion in the United States;" and "Can You Afford to Have a Large Family?"(Sanger 87). From our vantage, nearly one hundred years later—when more than sixty percent of women in the U.S. use some form of birth control (Life 84)—the censorship of such materials seems very old fashioned. And yet, even now, long after Sanger started her struggle to make birth control available, women are regularly denied information about family planning and other healthcare issues.

The censorship of information dealing with women's reproductive health is, in fact, widespread in the U.S. and abroad. Even in highly industrialized nations where women seemingly have access to a range of healthcare choices, subtle censorship of information regarding birth control, abortion, sexuality, and sexually transmitted diseases prevent women from accessing complete, current, and unbiased information about these subject areas. In many parts of the world, censorship is overt and woman and girls lack access to even basic information about their bodies, sexuality, and family planning.

Examples of the censorship of information about reproductive health and family planning are abundant. In many cases, such as the censorship of Margaret Sanger and other pioneers of women's healthcare, the suppression of information about family planning is quite overt. Yet, in other cases, the restriction of information is more inconspicuous and more complicated, as in the case of the misinformation and propaganda surrounding the U.S. Food and Drug Administration approval of RU 486, the so-called "abortion pill." Regardless of the form the limiting of information takes or the source controlling information about women's health issues, such censorship serves to limit women's ability to make informed choices about healthcare. In addition, restrictions on family planning information violate women's rights to control their bodies, their fertility, and their sexuality.

The goal of "Women's Healthcare, Censorship, and the Library" is to explore a number of examples of the censorship of women's healthcare issues, and to investigate issues and questions related to those examples. This paper will look primarily at censorship in the U.S., however the problems and issues discussed herein are international in scope, and some international examples will be examined. Though I will consider and examine the roles libraries have played and might yet play in preventing such censorship, my goal is to call attention to problems that exist more than it is to propose solutions to those problems. There is still much research that must be done in the areas discussed in this paper, and the appropriate courses of action available to libraries in preventing the censorship of women's health information will be clear only in the light of such research.

Concealed and Obscured: Clinical Healthcare Information

In the United States and abroad, information dealing with the complex and sensitive subjects of birth control methods and abortion is often compromised, limited, pulled from circulation, or otherwise prevented from reaching the women who need it. Perhaps the most famous example of the censoring of clinical information about women's healthcare is that of Margaret Sanger who was censored and silenced throughout her lifetime by both religious and governmental forces.

By making it nearly impossible to legally discuss the topic of birth control, the Comstock Laws insured that women would be unable to gain access to information about birth control and thus, would be unable to control unwanted pregnancies. Sanger continually challenged the Comstock Laws by publishing The Woman Rebel and pamphlets dealing with specific methods of birth control. In 1917, Sanger served 30 days in a workhouse for maintaining a clinic that distributed information about birth control. Sanger's various conflicts with the law indicate her determination to "put information and power into the hands of women," at any cost (Steinem 93).

The United States government wasn't Sanger's only adversary. Leaders of the Catholic Church, according to a recent issues of the Sanger Papers Project Newsletter, frequently challenged Sanger in various ways and arranged to have many of her speaking engagements cancelled (1). The Catholic Church's efforts to prevent discussion of birth control, and specifically their efforts to silence Sanger, led to her most memorable protest against censorship. At a lecture in Boston, Sanger appeared on stage with her mouth taped shut. In her comments, which were written out for the audience, Sanger stated that "to inflict silence upon a woman is indeed drastic punishment . . . I have been gagged...yet every time, more people have listened to me . . . more people have lifted up their own voices"(2).

As recently as 1994, members of the Catholic Church were still trying to censor Margaret Sanger. That year, Bishop Robert Carlson tried to have a poster of Sanger removed form the library at St. Thomas University in Minnesota. In spite of Bishop Carlson's objections in which he "likened the Sanger poster . . . to honoring Adolph Hitler, " the poster was defended by the library's Director and was not removed (Gaughan 2). Many alumni of the University threatened to withdraw financial contributions to the University unless the library removed the poster (1). This contemporary attempt to censor Margaret Sanger is evidence of a climate hostile to free access to information about women's health issues. This climate, of course, is not limited to the Catholic community.

The problem of denying women access to information about reproductive health is, in fact, international in scope. One terrifically important and far-reaching example of this is the so-called "Global Gag Rule," which serves to "deny U.S. family planning funds to foreign organizations if they use other, non-U.S. funds to provide legal abortion services or to participate in policy debates over abortion in their own countries"(Lasher 3). The significance of the global gag rule cannot be overstated; women worldwide will be denied access to information and healthcare services as a result of the enactment of this policy. The global gag rule demonstrates the alarming power that a minority of conservatives in the U.S. has to restrict women's access to critical information about family planning all over the world.

In additional to restrictions resulting from outside forces, individual countries often present barriers to women's access to health care information. Governmental agencies often impose laws or enact healthcare practices that prevent women from gaining access to information about reproductive health. In Ireland, for example, "the government did not publish any informational materials on family planning until January 1994"(Coliver 164). Because of strict laws prohibiting pornographic publications, in Kenya "family planning materials may be censored if [they are] found to be obscene or contrary to public morality"(Kabeberi-Macharia 189). In Algeria, information about family planning "was provided in order to promote the government's interests," and thus little attention was paid to the information needs of individual women (Coliver 109).

In her study of reproductive health information in Brazil, Rachael Reichmann notes that the lack of information about reproductive health issues in that country is "not so much a result of active government suppression of information as of government indifference or omission"(121). Though information is not actively censored, "the absence of adequate information about alternative methods of contraception . . . has lead to high sterilization and abortion rates"(Reichmann 132). And while women in Brazil can easily gain access to birth control pills, information about proper use of the pill, side effects, and efficacy is often unavailable or inadequate. "The great majority of Brazilian women have used the pill" Reichmann tells us, "but often incorrectly and rarely with medical supervision"(126).

In the U.S., as well as abroad, efforts have frequently been made to censor women's health information. Conservative politicians and "pro life" activists have worked to prevent free access to information about abortion and birth control methods. An increasingly conservative climate in U.S. politics acts, in many ways, as a threat to women's and girls' access to information about health issues. Planned Parenthood, for instance, is regularly challenged with regard to providing information about abortion and birth control to minors. There is much debate, too, about whether or not health workers in public schools should be able to provide information about birth control and sexually transmitted diseases. In addition, recently proposed

adoption legislation would prevent family planning clinics from providing clients with information about abortion. According to The Guttmacher Report on Public Policy, this legislation is "directly aimed at denying women facing crisis pregnancy full information about their options—apparently on the basis of the notion that the best way to promote adoption is to prevent family planning providers from discussing abortion"(1). Of course, preventing discussion about healthcare options only serves to promote ignorance and strip women of choices.

In many countries, including the United States, a lack of appropriate education exacerbates the already significant problem of inadequate information. In Poland, "education about reproductive matters, including contraceptive methods, has always been poor. Popular misunderstandings abound: many think that the pill poses a high risk of cancer; others think that it promotes the growth of facial hair"(Coliver and Nowicka 280). Studies in Chile have found that although "adolescents increasingly have had sexual relations at earlier ages, they have not had access to more information" and educational resources about birth control, STDs, and reproductive health (Iriate and Alexander 147).

Education about sexuality and health is lacking in the U.S. as well, where it is increasingly under attack by conservative groups. In fact, sex education "in all grades is much less likely to cover birth control, abortion, how to obtain contraceptive and STD services, and sexual orientation than it was in the late 1980s"(USA Today 1). Teenagers in the U.S. are so poorly informed about their reproductive choices that "in a 1990 study—conducted more than 15 years after abortion was legalized on a national basis—many teenagers thought abortion was illegal and none said abortion was legal in all 50 states"(Pine and Fischler 307).

Though these cases clearly reflect insufficient access to information, some examples of withheld information are less clearly defined. The misinformation associated with intrauterine devices (IUDs) as contraceptive methods in the U.S. is one such instance. Though IUDs are among the most effective birth control methods and are the "most popular form of reversible birth control in the world," they are not frequently used in the United States (Motamed 1). IUDs are, in fact, "used by 85 million to 100 million women" worldwide and "fewer than 1 million women" in the United States (Canavan 1).

Though at first glance it seems likely that the IUD is unpopular in the U.S. as a result of the frequent occurrence of pelvic inflammatory disease during the 1960s and 1970s which was associated with one "poorly researched IUD: the Dalkon Shield"(Motamed 1), further investigation reveals another possible reason that the IUD has not been well promoted in the United States. Planned Parenthood publications assert that IUDs are useful as a method of emergency contraception, a method that can prevent pregnancy "up to five days after unprotected intercourse"(2). Considering the recent controversy surrounding such emergency contraceptive methods as the hormone pill RU486 (the so-called "abortion pill"), and the Preven emergency contraception kit (which caught the U.S.'s attention when Wal-Mart refused to stock it), it seems that political pressures may play a role in preventing large-scale marketing and distribution of information about the IUD as a contraceptive method and as an effective emergency contraceptive.

Contraception and abortion are not the only areas in which women are denied the information necessary to make informed choices about their health. Studies have shown that in the U.S., "22 percent of pregnancies end in a C [esarean]-section, when authorities, including the U.S. Department of Health and Human Services, have indicated that no more than 15 percent are medically necessary"(Brink 1). In parts of Great Britain, Cesarean section rates are as high as 20 percent (Lancet 1). In some regions in Latin America, Cesarean births account for up to 40 percent of the total births (Belizan et al 3).

Though there are complex social, cultural, and economic reasons for the worldwide increase in Cesarean section deliveries, the general lack of accurate and thorough information available to women is one component of the problem. In his response to a recent study of C-section births in Latin America, Arachu Castro states that "the increase in cesarean sections can . . . be regarded as a process in which women are finally given less information and less choice and in which obstetricians appropriate the central role of childbirth at the expense of the women"(11).

In addition to these areas, we must consider other women's health issues: the problems associated with silicon breast implants, the sometimes fatal side effects of the diet drug combination Fen-Phen which was marketed, in the U.S., primary to women, and the high rate of unnecessary hysterectomy (a recent study stated that hysterectomy recommendations were "inappropriate in 70% of the cases" studied [Contemporary OB/GYN 1]). We might also examine the treatment of Sexually Transmitted Diseases, especially AIDS, and the medical profession's sometimes-questionable handling of women's sexuality and lesbianism. Though these are complex healthcare issues, it seems clear that women are, in many cases, not well informed by their doctors or the medical industry at large. This is a subtle and destructive form of censorship, which prevents women from making informed decisions about healthcare.

Banned and Blocked: Censoring Popular and Informal Information Sources

The censorship of clinical and medical information by healthcare agencies and providers, religious groups, and government agencies is only part of the problem. The same, or like-minded, institutions often censor other informational outlets—popular materials, personal accounts, self-help resources, informal educational information. Preventing access to these materials and resources is as destructive as the censorship of more traditional sources of medical information.

The Boston Women's Health Book Collective recognized women's need for easily understood information about healthcare and sexuality and created Our Bodies, Ourselves in the early 1970s in an effort to meet that need. The book, the writers claimed, was a response to "doctors who were condescending, paternalistic, judgmental, and noninformative"(Diskin and Sanford 1). In their essay, "Women's Bodies and Feminist Subversions: The Influence of Our Bodies, Ourselves: A Book by and for Women," Linda Gordon and Barrie Thorne state that before Our Bodies, Ourselves, "there was virtually no open discussion of sex and reproduction in schools or the popular media, and physicians condescended to women and regularly withheld medical information from female patients"(323). Since the first edition was published, Our Bodies, Ourselves has become so important to women that some 15 versions of it currently exist—in various languages and addressing age- and culture-specific issues—and others are being written by women around the world. In spite of this number of editions and the demand for quality healthcare information from informal or non-traditional sources, Our Bodies, Ourselves has been frequently challenged and censored.

Internationally, the need for books like Our Bodies, Ourselves is great, and the women who write these books face many challenges to provide healthcare information to women in extremely hostile environments. In her essay, "Our Bodies, Ourselves in Beijing: Breaking the Silences," Jennifer J. Yanco tells us that "state censorship is a big issue in many countries…in many societies, the open treatment of women's sexuality . . . is grounds for censorship. For many groups, treatment of lesbianism guarantees that their book will not be published"(Yanco 5). As a result of such state censorship and deeply ingrained social taboos, women in many parts of the world have no forum in which to discuss issues of health and sexuality.

And social taboo is only part of the problem. In some parts of the world, women face the challenge of "creating an environment that is safe from outside dangers. There are cultural/political/social contexts where it's not simply uncomfortable to speak about sexuality; it is actually dangerous"(4). In such environments, the perceived need to prevent women from gaining access to information about their bodies and their health is deemed so important, it actually warrants violence against those who would provide such access.

In the United States, as well as in other countries, demand for useful reproductive health information is great and yet women's access to informal information about healthcare is frequently challenged. Political and economic factors in the healthcare industry have increasingly "cut down [women's] access to health information"(OBOS '92 14). And access to non-traditional sources of information is often restricted. Our Bodies, Ourselves, for example, has faced censorship challenges many times as have books for young adults such as Deal with It! A Whole New Approach to Your Body, Brain, and Life as a Gurl by Esther

Drill, Heather McDonald, and Rebecca Odes and It's Perfectly Normal: A Book About Changing Bodies, Growing Up, Sex, and Sexual Health by Robie H. Harris. In spite of being positive, extremely well reviewed sources of information for young adults--of Deal With It, one critic wrote: "the main message concerns accepting diversity in bodies and lifestyles, taking responsibility, and finding help when you need it"(Cornog 218); It's Perfectly Normal is described as "intelligent, amiable and carefully researched"(PW 248)--these books have been challenged in some public schools and libraries.

Censorship of popular materials is not limited to informational resources such as Our Bodies, Ourselves. In The Right to Know: Human Rights and Access to Reproductive Health Information, Sandra Coliver recounts an instance of censorship in Ireland:

In May 1992, Easons, the largest national distributor to retail news agents, hoarded and refused to offer for sale virtually all imported copies of an issues of the London Guardian newspaper when they arrived at the airport. The issue included a full-page advertisement with addresses and telephone numbers of Marie Stopes clinics, which provide abortion services in the UK. (171)

Popular women's magazines have been censored in Ireland as well. For instance, blank pages appear in Irish editions of Cosmopolitan in place of advertisements for abortion services and birth control (171).

In the United States, novels and autobiographical books that deal with female sexuality, reproductive health, and similar subject matter have been censored, challenged and banned. Books dealing with rape, incest, birth control, and masturbation have been "targeted for removal from school curricula or library shelves, condemned in churches and forbidden to the faithful, rejected or expurgated by publishers, [and] challenged in court"(Wachsberger ix). The Bluest Eye, by Noble Prizewinner Toni Morrison, has been banned in an Alaska high school because "parents complained that the language was 'obscene' and that it contained explicit sexual episodes"(Sova 12). Renowned young adult author Judy Blume's books have been challenged because of their frank discussion of female sexuality: Forever has been challenged because it "contained 'four-letter words and talked about masturbation [and] birth control'"(52). Blume's Blubber and Then Again, Maybe I Won't have also been frequently banned and challenged in public schools and libraries based on sexual content and language. Margaret Atwood's The Handmaid's Tale was challenged in one case because it was deemed to be "sexually explicit" and in another because "the main character of the novel was a woman and young men were unable to relate to her"(73).

The list of books banned and challenged because of controversial sexual content or because they deal candidly with sensitive issues that are of interest to girls and women is long and includes important works such as The Color Purple by Alice Walker, The Bell Jar by Sylvia Plath, Still I Rise and I Know Why the Caged Bird Sings by Maya Angelou and the anonymously written Go Ask Alice, to name only a few examples (Foerstel 179, 190, 218; Sova 264, 265, 266, 267). Preventing access to these informal sources of information about women's health issues is as deeply problematic as preventing women and girls from accessing clinical information about healthcare.

The Internet filtering systems in use in some U.S. schools and libraries censor countless additional women's health resources, many of which are designed to make healthcare information clear and accessible to the general public. Filters, which claim to prevent users from accessing pornographic materials, often censor materials dealing with legitimate healthcare and sexuality issues such as abortion, AIDS and other sexually transmitted diseases, lesbianism, and safe sex. In his informal study of various Internet filters, Geoffrey Nunberg found that

SurfWatch has blocked safe-sex information pages at Washington University, the University of Illinois Health Center, and the Allegheny University Hospitals, and Cyber Patrol has blocked the HIV/AIDS information page of the Journal of American Medical association and the site of Planned Parenthood. SmartFilter blocks the safe-sex page of the Johns Hopkins Medical School research group on sexually transmitted diseases. The filters have also blocked numerous sites associated with feminism or gay and lesbian rights. Both I-Gear and CYBERsitter have blocked the site of the National Organization for

Women (CYBERsitter cites the "lesbian bias" of the group). I-Gear has blocked the Harvard Gay and Lesbian Caucus, BESS has blocked the Gay and Lesbian Prisoner Project, and NetNanny has blocked Internet discussion groups on AIDS and feminism. (7)

As Internet filters become more widely used, more and more women and girls (especially those who rely on public schools and libraries for Internet service) will only have access to the information that can slip through Internet filtering systems.Because Internet filters censor information about breast cancer, abortion, STDs, and nearly all topics having anything to do with women's bodies, their use in public libraries has a significant impact on women's ability to locate Internet resources dealing with health issues.

Women's Healthcare, Censorship, and the Library

Libraries, librarians, and professional library associations are famous for fighting censorship and for being advocates for free and equal access to information. Nevertheless, libraries have, perhaps unwittingly, played a role in preventing women from accessing healthcare information. Unclear subject headings, librarian discomfort with sensitive subject matter, and failure to develop and maintain collections of current materials all contribute to create a library environment where women may not have access to the healthcare information they need.

In the areas of women's health and sexuality, Library of Congress Subject Headings (LCSH) are seriously flawed. The headings are, in many cases, unclear, clinical, or too broad to be useful. In some cases, the headings reveal subtle biases that serve to obscure important issues; when one searches for books with the heading "Women—Health and Hygiene," for example, the LCSHs direct her to see also "Beauty, Personal." Conceptual pairings such as this undermine the importance of women's healthcare issues and may even keep women from finding necessary healthcare information resources.

In some cases, LCSHs dealing with women's healthcare and sexuality are simply unclear. A heading like "Sex Instruction" for example, sounds like it would be used to describe guides to having good sex rather than information resources about reproductive health. Actually, the heading is used to describe both kinds of books: titles like Dr. Ruth's Guide to Good Sex and Facts of Life for Children share this heading. In another example, the heading "Sex Customs—United States," is used to describe such diverse titles as High Risk: An Anthology Of Forbidden Writings, The Hite Report: A Nationwide Study Of Female Sexuality, and Sex and the College Girl. Still other headings, like "Women—Sexual Behavior," "Hygiene, Sexual," and "Women—Diseases" are very clinical and, finally, not apt to be very useful in many cases. While reference librarians could surely help a patron decipher subject headings, women may be reluctant to ask for assistance with matters of personal healthcare and sexuality.

And some librarians may, for a variety of reasons, prefer not to answer questions about abortion, birth control, lesbianism, or other sensitive issues. In her essay "The Invisibles: Lesbian Women as Library Users," Heike Seidel states that "many lesbians fear subliminal or openly discriminatory behavior . . . by library staff [and] lesbians feel discriminated against when made invisible in library collections"(3-4). In this way, instead of helping women find information, librarians may actually help to prevent women from accessing information.

In spite of these issues, there can be little doubt that libraries, librarians, and professional library associations are among the most active individuals and institutions fighting censorship today. By adopting the Library Bill of Rights, which states, "Libraries should challenge censorship in the fulfillment of their responsibility to provide information and enlightenment"(ALA), many libraries in the U.S. indicate their commitment to providing free and unfettered access to information of all kinds. In the current debate over Internet filters, perhaps the most contentious and far-reaching censorship battle in recent history, the American Library Association and many individual libraries and librarians have been at the forefront, risking library funding and political support to provide free access to electronic information and to prevent censorship of Internet resources.

With regard to preventing and fighting censorship, libraries in the U.S. are at their best when dealing with the overt censorship of books and other library materials (through public challenges and attempts to remove particular books from libraries) and with the censorship and restriction of Internet resources through the use of Internet filtering software. The American Library Association has official positions and policies for addressing these two forms of censorship and is well equipped to support individual libraries and librarians in various ways when they come under fire for resisting internet filtering or censorship of controversial titles.

Libraries and librarians have been less active in addressing other, more subtle kinds of censorship, like the examples discussed in this paper. It is, in fact, quite unclear at this time what role libraries can and should play in providing access to information about family planning, women's health, and related issues. Though libraries in the United States and abroad are often advocates for free access to information of all kinds, the political and social implications of women's reproductive health issues can make such advocacy difficult if not impossible. Because family planning and reproductive health issues are influenced by social, cultural, political, and religious factors, libraries that hope to provide access to information in these areas will face significant challenges and risks.

Nevertheless, there are possible avenues of activism against censorship of women's health resources that libraries, librarians, and especially library associations might explore. Librarians and library associations might work to find new ways to act as information advocates for women, including joining women's rights coalitions and organizations, lobbying politicians, and supporting anti-censorship and pro-women's rights groups. In addition, libraries and library associations might work, locally, nationally, and internationally to form partnerships with healthcare providers, human rights workers, and women's organizations. Such partnerships might enable libraries to take more active roles in advocating for reproductive health information, relevant education in public schools, and community education programs.

In addition to working outside the library with community organizations, much can be done within the library community to prevent censorship of women's healthcare resources. A comparative study of Library of Congress Subject Headings and Sears Subject headings should be conducted to give library professionals a greater sense of the ways current headings might obscure information rather than create access to it. Such a study might lead to positive changes in subject headings and heading assignments. Libraries and librarians can combat censorship by collecting current materials in sensitive subject areas and displaying those materials periodically. And, of course, librarians can, and should, speak out against bias and discrimination in library policies and among library staff.

Conclusions

In 1990, Life Magazine included Margaret Sanger on its list of "The 100 Most Important Americans of the Twentieth Century." In a recent special edition titled "Time 100: Leaders and Revolutionaries of the 20th Century," Time Magazine named Sanger as one the most influential people of the twentieth century. In spite of the fact that our culture currently views Margaret Sanger as a hero, women's access to information about birth control specifically and healthcare in general is often in jeopardy. In her discussion of Sanger for the Time Magazine tribute, Gloria Steinem writes

One can imagine Sanger's response to the anti-choice lobby and congressional leadership that opposes abortion, sex education in schools, and federally funded contraceptive programs that would make abortion less necessary . . . and that holds hostage the entire U.S. billion-dollar debt to the United Nations in the hope of attaching an antiabortion rider. As in her day, the question seems to be less about what gets decided than who has the power to make the decision. (84)

Steinem's statement reminds us, also, of the many healthcare workers who have been victims of assault and attempted murder and those who have been murdered as a result of their efforts to provide women

free access to healthcare. It is impossible to ignore the consistent problems associated with women's access to healthcare and information in light of this violence.

Though censorship in all its forms is dangerous, the censorship of information about women's health issues is an actual threat to the health and well being of the women who are denied access to information. Margaret Sanger's struggle to make information about contraception available to all women was a fight for control and power as much as it was for information. That struggle continues, as girls' and women's access to information is challenged and restricted.

"Access to information is a right only in the abstract," Nancy Kranich tells us. "It is up to librarians to ensure that this abstract concept becomes concrete, and to continuously communicate the importance of access to information"(Kranich 7). Whether librarians will strive to make concrete women's rights to healthcare information--and thus greater control over their bodies, health, and well being—remains to be seen. At a time when conservative politicians and right-wing groups threaten women's rights, libraries and librarians can be powerful allies to women all over the world. The risks to libraries, however, may prove to be too great.

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